Part Eleven: Appendices

- 1. Interim Equipment Inventory Report
- 2. Interim Non-Employee Compensation Report
- 3. Interim Personnel Report
- 4. Interim Subcontract Report
- 5. Interim Consultant Report
- 6. Final Equipment Inventory Report
- 7. Final Non-Employee Compensation Report
- 8. Contract Modification Request Check-Off Sheet
- 9. Contract Modification DOE Approval Checklist
- 10. Budget Modification Request Worksheet

| check if no expenditures to report New Jersey Department of Education Office of Grants Management and Development Interim Equipment Inventory Report (as of//) | | | | Page _ | of |
|---|--------------------|-----------------------------|--------------------|------------------|----------|
| 1. LEA/AGENCY: 2. CONTACT PERSON: | | 3. RFP NAME: 4. CONTRACT | #: | | |
| Make/Model/ Description | Inventory Tag # | Purchase Date | Amount Budgeted | Purchase Cost | Location |
| | | | | | |

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| check if no expenditures to re | New Jersey Department of Education Office of Grants Management and Development Interim Non-Employee Compensation Report (as of//) | Page of | - |
|--------------------------------|---|---------|---|
| 1. LEA/AGENCY: | 3. RFP NAME: | | |

| | 3. RFP NAME: 4. CONTRACT | "#: | |
|---------|-----------------------------|---------------------------|--|
| Address | Federal ID or SSN | Dates of Service | Amount Contracted |
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| | Address | Address Federal ID or SSN | Address Federal ID or SSN Dates of Service |

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| | New Jersey I Office of Grants I Interim Personi (for multi-year c | nel Report (as | d Development of//) | | | |
| 1. LEA/AGENCY: 2. CONTACT PERSON: | | 3. RFP NA 4. CONTI | | | | |
| Name | Position Title | Status (FT/PT) | Total Salary Budgeted | Total Salary Expended to Date | Total Fringe Budgeted | Total Fringe Expended to Date |
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| Office of Gr Interim Sub | ersey Department of Education rants Management and Development contract Report (as of//) ear continuation programs only) | Page of |
|--------------------------------------|--|-----------------------------------|
| 1. LEA/AGENCY: 2. CONTACT PERSON: | 3. RFP NAME: 4. CONTRACT#: | |
| Subcontractor Name | Total Budgeted | Total Expended by Category |
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|--------------------------------------|--|------------------------------|--------------------|-------------------------|
| 1. LEA/AGENCY: 2. CONTACT PERSON: | | 3. RFP NAME: 4. CONTRACT# | : | |
| Name | Description of Services Provided | Dates of Service | Amount Budgeted | Amount Expended to Date |

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New Jersey Department of Education Office of Grants Management and Development Final Equipment Inventory Report (as of __/__/__)

| 1. LEA/AGENCY: 2. CONTACT PERSON: | | 3. RFP NAME: 4. CONTRACT# | #: | | |
|--------------------------------------|--------------------|------------------------------|--------------------|------------------|----------|
| Make/Model/ Description | Inventory Tag # | Purchase Date | Amount Budgeted | Purchase Cost | Location |
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| BUSINESS ADMINISTRATOR | DATE | PROJECT D | IRECTOR | | DATE |

| check if no expenditures to report F | • | epartment of Education anagement and Develop pensation Report (a | ment | Page of |
|---------------------------------------|---------|--|------------------|--------------------------|
| 1. LEA/AGENCY: 2. CONTACT PERSON: | | 3. RFP NAME: 4. CONTRACT | | |
| Name of Individual or Entity | Address | Federal ID or SSN | Dates of Service | Amount Contracted |
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BUSINESS ADMINISTRATOR DATE PROJECT DIRECTOR DATE

CHECK-OFF SHEET

Please review your modification request and ensure that, **where applicable**, the following items are included:

| I. | Correspondence must include: |
|------|---|
| | 1. RFP/C/A title and contract number (note: contract number can be found in upper right-hand corner of all contract pages) |
| | 2. Cover letter from the chief school administrator/chief executive officer that provides a compelling programmatic rationale for the modification |
| | 3. Justification for program changes, budgetary decreases as well as increases |
| | 4. Signature of the school business administrator for budget modifications [SBA signs in upper left-hand corner of Budget Modification Request Worksheet] |
| II. | Budget Modification Request Worksheet |
| | Budget Modification Request Worksheet (reflects approved budget, proposed plus and minus changes and proposed revised budget) |
| III. | Revised Budget Detail and Program Activity Forms |
| | 1. Applicable contract approved budget form(s) (budget forms A through E, S1 through S6) indicating the proposed revisions and accompanying budget detail |
| | 2. A revised "Program Activity Plan" (mandatory if there are changes to program goals, objectives and/or activities) |

CONTRACT MODIFICATION DOE APPROVAL CHECKLIST

Use the following checklist to assist in determining whether DOE approval is required for modification to your contract.

| My modifi | cation would result in: |
|-----------|---|
| | changes to the approved scope of work; |
| | transfer of expenditures to an unbudgeted line item ; |
| | transfer of expenditures to or from a restricted line item (equipment, subcontracts or indirect |
| | costs); |
| | costs requiring prior approval pursuant to the Federal Cost principles (see Part Two of Manual); |
| | budget category expenditure variances, the <u>cumulative</u> total of which exceeds ten (10) percent of the <u>total contract amount</u> , or \$10,000, whichever is less (<i>called the contract threshold</i>); |
| | additions or substitutions to the approved equipment purchases; |
| | changes to approved subcontracts; |
| | the extension or contraction of contract time frame ; and/or |
| | increases or decreases in the total contract amount. |
| | |
| | X IN ANY BOX INDICATES DOE APPROVAL IS REQUIRED. |

<u>MPORTANT NOTE:</u> The subcontractor is accountable to you, the contractor, in the use of grant funds, subject to applicable federal and state regulations (all applicable regulations "flow-down" to the subcontractor), and is accountable for the delivery of subcontracted program activities (see Part One). Any changes (program or fiscal) requested by a subcontractor must be reviewed by the contractor and, if you support the changes, forwarded to the DOE for review if they are consistent with contract modification requirements outlined above. As the contractor, you do not have the authority to approve for subcontractors, any changes in their program activities, any budget variances or any other changes that require prior approval by the DOE.

NJ DEPARTMENT OF EDUCATION BUDGET MODIFICATION REQUEST WORKSHEET (revised)

| CONTRACT No |
|-------------|
|-------------|

| Program Title: | |
|----------------|------------------------|
| | |
| gency Name: | County/ District Code: |

| | BUDGET CATEGORY | OBJECT CODES | SECTION I: Approved Budget | | SECTION II: requested Change (+) or (-) | | | SECTION III: Revised Budget | | | |
|-----------|---|--------------|-------------------------------|---------|--|-------|---------|--------------------------------|-------|---------|-------|
| | | | STATE | FEDERAL | OTHER | STATE | FEDERAL | OTHER | STATE | FEDERAL | OTHER |
| I. A. | INSTRUCTION Salaries of Teachers | 100-101 | | | | | | | | | |
| В. | Other Salaries for Instruction | 100-106 | | | | | | | | | |
| C. | Purchased Prof. & Tech. Services | 100-300 | | | | | | | | | |
| D. | Other Pur. Serv. (400-500 series) | 100-500 | | | | | | | | | |
| E. | General Supplies | 100-610 | | | | | | | | | |
| F. | Textbooks | 100-640 | | | | | | | | | |
| G. | Other Objects | 100-800 | | | | | | | | | |
| | SUBTOTAL INSTRUCTION | | | | | | | | | | |
| II. | SUPPORT SERVICES | | | | | | | | | | |
| A. | Sal. of Supervisors of Instr. | 200-102 | | | | | | | | | |
| B. | Sal. of Program Directors | 200-103 | | | | | | | | | |
| <u>C.</u> | Sal. of Other Professional Staff | 200-104 | | | | | | | | | |
| D. | Sal. of Secretarial & Clerical Assist. | 200-105 | | | | | | | | | |
| <u>E.</u> | Other Salaries | 200-110 | | | | | | | | | |
| F. | Personnel Serv Employee Benefits | 200-200 | | | | | | | | | |
| G. | Purchased Prof Ed. Service | 200-320 | | | | | | | | | |
| <u>H.</u> | Other Purchased Prof. Service: | 200-330 | | | | | | | | | |
| I | Purchased Technical Services | 200-340 | | | | | | | | | |
| J. | Rentals | 200-440 | | | | | | | | | |
| К. | Contracted Services - Transportation Other Than Between Home and Schoo | 200-516 | | | | | | | | | |
| L. | Tuition | 200-560 | | | | | | | | | |
| M. | Travel | 200-580 | | | | | | | | | |
| N. | Other Pur. Serv. (400-500 series) | 200-590 | | | | | | | | | |
| О. | Supplies and Materials | 200-600 | | | | | | | | | |
| P. | Indirect Costs | 200-860 | | | | | | | | | |
| 0. | Other Objects | 200-890 | | | | | | | | | |
| | SUBTOTAL - SUPPORT SERVICES | | | | | | | | | | |
| III. | FACILITIES ACQUISITION & CONSTRUCTION SERVICES Buildings (Use Charge) | 400-720 | | | | | | | | | |
| В. | Instructional Equipment | 400-731 | | | | | | | | | |
| C. | Non-instructional Equipment SUBTOTAL - FACILITIES | 400-732 | | | | | | | | | |
| | Total Direct Costs | | | | | | | | | | |